

CLAIMS ONLY

SERIAL NO. _____

FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
	1	1						51			
2	1					52					
3	1					53					
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5	1					55					
6	1					56					
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9						59					
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45						95					
46						96					
47						97					
48						98					
49						99					
50						100					
TOTAL IND.	27					TOTAL IND.					
TOTAL DEP.	24	↔		↔		TOTAL DEP.		↔		↔	
TOTAL CLAIMS	51	████████	████████	████████	████████	TOTAL CLAIMS	████████	████████	████████	████████	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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SERIAL NO.

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APPLICANT(S)

CLAIMS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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